**Karta osoby przyjętej do zakwaterowania**

Imię i nazwisko\* PESEL lub w przypadku braku rodzaj oraz numer/seria dokumentu potwierdzającego tożsamość\*

**W poniższych polach zakreśl znakiem X dni, w których zapewniono zakwaterowanie i wyżywienie danej osobie\*** Luty

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| 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10  | 11  | 12  | 13  | 14  | 15  | 16  | 17  | 18  | 19  | 20  | 21  | 22  | 23  | **24**  | **25**  | **26**  | **27**  | **28**  |
|  |  |  |  |  | *Brak możliwości wnioskowania o świadczenie za ten okres*  |  |  |  |  |  |  |  |  |  |

Marzec

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Kwiecień

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| **1**  | **2**  | **3**  | **4**  | **5**  | **6**  | **7**  | **8**  | **9**  | **10**  | **11**  | **12**  | **13**  | **14**  | **15**  | **16**  | **17**  | **18**  | **19**  | **20**  | **21**  | **22**  | **23**  | **24**  | **25**  | **26**  | **27**  | **28**  | **29**  | **30**  | **31**  |
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Liczba dni łącznie\* Wypełnia Urząd – Liczba dni łącznie x dzienna wysokość świadczenia w zł

\* Pola oznaczone symbolem gwiazdki są wymagane